

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550715

FILING DATE

AUG 16 2006

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
101	/				151				
102	/				152				
103	/				153				
104	/				154				
105	/				155				
106	/				156				
107	/				157				
108	/				158				
109	/				159				
110	/				160				
111	/				161				
112	4				162				
113	4				163				
114	/				164				
115	/				165				
116	/				166				
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134	/				184				
135	/				185				
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137	/		/		187				
138	/		/		188				
139	/		/		189				
140	/		/		190				
141	/		/		191				
142	/		/		192				
143	/		/		193				
144	/		/		194				
145			/		195				
146					196				
147					197				
148					198				
149					199				
150					200				
TOTAL IND.	1		1		TOTAL IND.				
TOTAL DEP.	49	←	9	←	TOTAL DEP.	←	←	←	
TOTAL CLAIMS	50		10		TOTAL CLAIMS				